GOVERNMENT OF INDIA
WOMEN AND CHILD DEVELOPMENT
LOK SABHA

UNSTARRED QUESTION NO:4629
ANSWERED ON:25.04.2008
HIGH MATERNAL MORTALITY RATE IN TRIBAL AREAS
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Will the Minister of WOMEN AND CHILD DEVELOPMENT be pleased to state:

(a) whether the Maternal Mortality Rate is high in tribal areas in the country;

(b) if so, the details thereof for the last three years, State-wise; and

(c) steps taken by the Government to reduce the same?

Answer

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI RENUKA CHOWDHURY)

(a)&(b) The Registrar General, India is conducting the sample survey of birth and deaths, known as Sample Registration System (SRS), in randomly selected villages and urban blocks, spread throughout the country. The Maternal Mortality Ratio (MMR) has declined from 398 per one lakh live births (1997-98) to 301 per one lakh live births (2003). MMR estimated for major States by the Registrar General of India for the year 1997-98, 1999-01 and 2001-03 is annexed.

(c) In order to bring about a reduction in MMR, the Ministry of Health and Family Welfare, Government of India is implementing National Rural Health Mission with the following key interventions all over the country including the tribal areas:

Janani Suraksha Yojana (JSY), a cash benefit scheme to promote Institutional Delivery with a special focus on Below Poverty Line (BPL) and SC/ST pregnant women; Appointment of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate in accessing of health care services by the community including pregnant women; operationalizing Community Health Centers as First Referral Units (FRU) and 50% of all Primary Health Centers for providing 24X7 delivery services by 2012; augmenting the availability of Skilled Manpower by means of different skill based trainings such as Skilled Birth Attendant Training, Training of MBBS Doctors in Life Saving Anesthetic Skills and Emergency Obstetric Care including Caesarian Section; prevention and treatment of Anemia by supplementation with Iron and Folic Acid tablets; organizing of Village Health & Nutrition Day at Anganwadi center; supplementary nutrition to pregnant and lactating women under the ICDS scheme; Appointment of an Accredited Social Health Activist (ASHA) for every 1000 population to facilitate accessing of health care services by the community including pregnant women; Implementation of Indian Public Health Standards (IPHS) for Primary Healthcare Facilities, including District Hospitals, CHCs and PHCs to improve quality of services by providing infrastructure, equipment and specialist man-power; Strengthening of Health Facilities, that is, District Hospitals, Community Health Centres (CHCs) Primary Health Centres (PHCs) and Sub Centres (SCs), by providing them with funds including untied grants, Annual Maintenance Grants (AMG) and Corpus Funds to improve service delivery; Setting up of Rogi Kalyan Samitis (Hospital Management Committees) at District Hospitals, CHCs and PHCs; Setting up of Village Health and Sanitation Committees at village level